


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90045 031 ***150.00

| | |
|---|---|
| DOCUMENT # P98000003142 |  |
| 1. Entity Name ROMANELLO LANDSCAPING, INC. | |

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|---|---|
| Principal Place of Business 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332 | Mailing Address 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332 |
|---|---|

50018770

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



01272005 Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 18-8524834 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| ROMANEL, FRANCIS N 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332 <i>SPELLING CHANGE.</i> | |

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|--|-----------------------|
| 7. Name and Address of New Registered Agent | |
| Name FRANCIS N. ROMANELLO | |
| Street Address (P.O. Box Number is Not Acceptable) 20710 SW 54TH PLACE | |
| City SOUTHWEST RANCHES FL | Zip Code 33332 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE **2/21/2005**

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROMANELLO, FRANCIS N 20710 SW 54TH PLACE SOUTHWEST, FL 33332 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST ROMANELLO, KIMBERLY S 20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **KIMBERLY S. ROMANELLO** DATE **2/21/2005** DAYTIME PHONE # **(954) 680-8686**